(Day)

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY? Yes [

(STATE)

DATE SIGNED

(State

No 🗆

(Year)

BUREAU V. S.

# CERTIFICATE OF DEATH

114273

/	FOR MEDICAL	L EXAMINERS	Reg	. Dist. No. 35/	
1. PLACE OF DEATH- COUNTY WORCESTER	MARYLAND	2. USUAL RESIDENCE STATE Mary		sed. recuster	
CITY (If outside corporate limits, write RURAL OR give nearest town) 111, rural	and LENGTH OF STAY	CITY (If outside corp OR TOWN PO CO		RAL and give nearest town)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS POWELLVILLE	Rd. Hafth	· STREET ADDRESS 409	/If mund alve	location)	
3. NAME OF (First) DECEASED (Type or Print)	(Middle)	(Last) FLCHER	4. DATE (I OF DEATH AP	Month) (Day) (Yes	- 1
Female   White   V	SINGLE, MARRIED,	s. DATE OF BIRTH Oct 17 1928	9. AGE last birthda	y   If under 1 year   If under 24   Months   Days   Hours   h	4 hrs
done during most of working life, even if retired)	Ob. KIND OF BUSINESS OR NOUSTRY Parts	Maryland		12. CITIZEN OF WI	HAT
Eward W. Redden		Thelma F. F		1	
	16. SOCIAL SECURITY NO. 218-20-9700	Mrs Thelma	Redden Po	comoke, Md.	
	18. MEDICAL CE			1	
Immediate cause  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Ruts acc	from Lung	* Peck 0	ONSET AND DE	ATH ATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
	DINGS OF OPERATION			20. AUTOPSY?	1
CAUSE OF DEATH.		3/2 mily	now thell-Go	(COUNTY) (STATE)	,
OF OF WI	JURY OCCURRED hile at Not while ork at work	Government of the control of the con	octree de	france 35 3 glin	
22. I certify that I took charge of the remains obtained by said Autopsy, Inspection of In from: natural causes , accident SIGNATURE	iquiry, find that said decei	ased died on the dry sta	Inquiry the the ited above, and deat	reon and from the eviden h in my opinion resulte DATE SIGNE	ed
23. BURIAL, CREMATION DATE THEREOF/ REMOVAL ISpecify) 4/17/51	Beth Eden	RY OR CREMATORY CEMETERY	LOCATION (City, to POCOMO Ke R		7
DATE REC'D BY LOCAL REGISTRAR'S SIG	NATURE	24. FUNERAL DIRECT		ADDRESS	

BUREAU V. S.

rec	CERTIFICAT	LE OF DEATH	
e corre	_ FOR MEDICAL	L EXAMINERS Reg. Dist. No.	356
lation carefully. The rly and legibly.	1. PLACE OF DEATH COUNTY OCCUPANTY  COUNTY OCCUPANTY  CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN  HOSPITAL OR INSTITUTION OR STREET ADDRESS  3. NAME OF DECEASED  (First)  (Middle)	OF A	nearest town)
Supply every item of information carefully write the causes of death clearly and legibly.	(Type or Print)  5. SEX  6. COLOR OR RACE  WIDOWED, DIVORCED,  (Special Roce or Print)  10a. USUAL OCCUPATION (Give kind of work plane during most of working life, even if retired)  13. FATHER'S NAME  15. W. DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY No.	11. BIRTHPLACE (State or foreign country)  Cattaraus Count 1 C  14. MOTHER'S MAIDEN NAME	year If under 24 Days Hours M / Crizen of Whountay?
Supply ev	15. Way Decrased Even in U.S. Armed Forces? (Yes, no, or unknown) (II yes, give the or dates of learning to be revice)  18. MEDICAL CE  1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	17. INFORMANT AND ADDRESS  Mrs. D. J. Case. 507 Fair Oaks  Extification	Interval Betwee
WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please	420.1	e, Instantanous 7 Thrombosis last year	***************************************
ITH UNE	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Walking facing 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	a strong northwest wind and rain.	20. AUTOPSY1 Yes \( \text{No} \)
W imb	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.  PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(STATE)
AINI	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m, work at work	HOW DID INJURY OCCUR?	
SE WRITE PL.	22. I certify that I took chorge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decertism: natural causes in accident in suicide in homicide in SIGNATURE (Decree or title)  23. BARIAL CREMATION DATE THEREOF NAME OF CEMETE	pased died on the day stated above, and death in my o	DATE SIGNED
PLEA	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  48/3/51 Jelen & Nayward	24. HINERAL DIRECTOR Buloga Bulo	ADDRESS &

VS. A15A

The correct ag-

RESERVED FOR BINDING

MARGIN



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS. A15

MARGIN RESERVED FOR BINDING

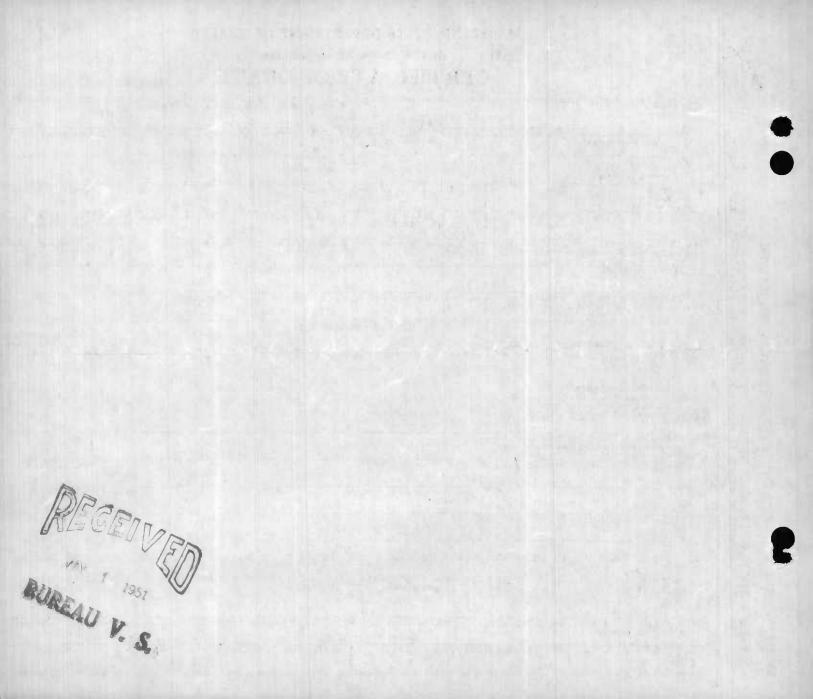
HM No. G 132 MAY 15 1951

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

eg. Dist. No.

	Z O Z ZZI I Z Reg. Dist. N	<b>U</b> •
1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	Y 1
MARYLAND MARYLAND	CITY (If outside corporate limits, write RURAL and g	rasur.
OR give nearest town) TOWN  (in this place)	OR TOWN Belling with RORAL and go	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS Flower St.	
3. NAME OF (First) (Middle) (Type or Print)	CLAST)  1. DATE (Month) OF DEATH OF DEATH	(Day) (Year) 25 195
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH  9. AGE last birthday If under Months  yrs.	Days   If under 24 hrs.   Days   Hours   Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired)  10b. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	nklin.
15. WAS DECRASED EVER IN U.S. ARMED FORCES! (Yes, no, or unknown) I (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS Our, Charles Juny 3	erlin mo
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) - Weinia		6 days
H47XAntecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	is + Hypertensian	18 months
(c)		1
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
none		Yes No P
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  NJURY	(CITY OR TOWN) (COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   OF   While at Not While   Not Work   At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/2.3	, 1950, to 4/25 , 1957, that I last	saw the deceased
alive on 4/25, 19.57, and that death occurred at	ADDRESS ADDRESS	tated above.
T. J O' Donnell M N.	Berlin, md.	4/25/5-1
23. BUBIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or coun	nty) /(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11- 15 The Day It Hall will the	1 N. A Buche D.	while Mark



2411 N. Charles Street, Baltimore

	CERTIFICAT	TE OF DEATH Reg. Dist. No.	355
1	1. PLACE OF DEATH- COUNTY MARYLAND CITY (If outside consorate limits, write RURAL and   LENGTH OF STAY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Morcealis
0	CITY (If outsidy to porate limits, write RURAL and OR give nearest town) TOWN HOSPITAL OR	CITY (If oatside corporate limits, write RURAL and give OR TOWN STREET (If rural, give location)	re nearest town)
	INSTITUTION OR STREET ADDRESS	ADDRESS no #	
	3. NAME OF DECEASED (Middle) (Middle) (Type or Print)	Leddon 4. DATE (Month) OF DEATH Chail	(Day) (Year) 9 1957
777	Male White 7. SINGLE, MARRIED, WDOWED, DIVORCED,	109010 20,18 601 75 yrs.	Days Hours   Min.
77	Jone during most of vorking life, even if retired)  Jone during most of vorking life, even if retired)  Jone of the other forms	morrhonel.	CULTED! A. WHAT
2003	James Hudson	Many Greature	
מוזכ המ	15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give par or dates of service)	Jenne 6. Judson She	well med
41100	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	A	INTERVAL BETWEEN ONSET AND DEATH
Compo	Immediate cause (a) CSM, M	yocardilis	
dello.	Antecedent cause(s)  Diseases or conditions, if any, (b)  giving rise to the above cause	souchial asihing	logo
T Transmit	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		AT WE do dry charge you a too and all and all and a second a second and a second and a second and a second and a second an
1 VOLLA VI	related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Shawell Warnesty	20. AUTOPSY? Yes No k
Similar Simila Simila Simila Simila Simila Simila Simila Simila Simila Simila	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) HOM1CIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
Ciaily	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
2000	22. I hereby certify that I attended the deceased from.		
1	alive on, 195, and that death occurred at	ADDRESS from the causes and on the date sta	ated above. DATE SIGNED
	Chas. R. Jaw. M.D.	Birlin Md afr	19-51
	DATE RECD BY LOCAL HEGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR Shafewill	md.
	79.0/5) Helen 7 Namuard	Teler Whales Sill	ADDRESS

Supply every item of information carefully. The correct age write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING UNFADING INK. PLEASE WRITE PLAINLY

REGELVED

APR 12 1951

BUREAU V. S.

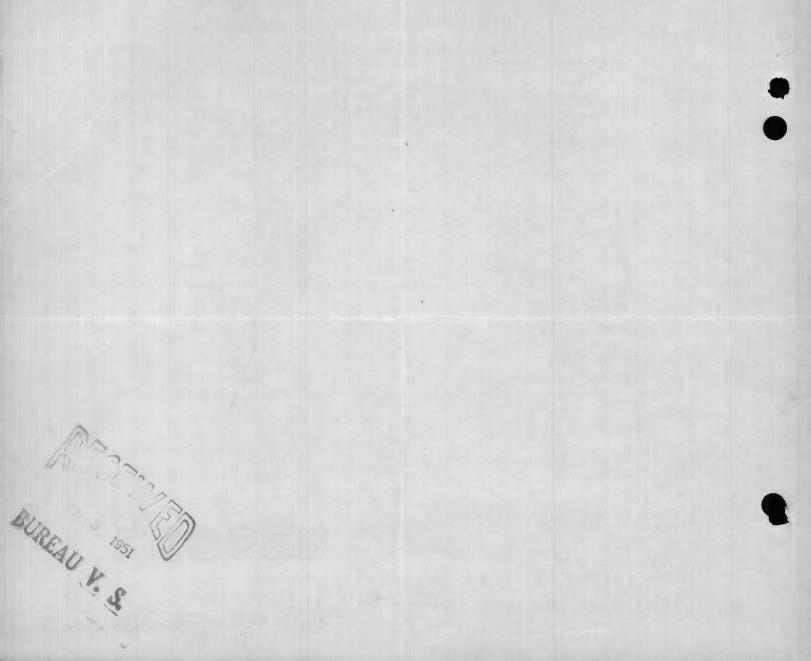
# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

	STATE DEPARTME	OF DEALIN	
CER	TIFICATE OF	DEATH	
	R MEDICAL EXAM	IINDDO	Reg. Dist. No. 350
1. PLACE OF SANH	MARYLAND 2. USUAL STATE	RESIDENCE (HOME) OF DEC	PASED.
TOWN va nearest town)	(in this place) CITY (I OR TOWN	f out the corporate limits, write I	(Units and give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRESS (C. )	STREE	6 a & facin	rive location)
(Type or Paint)	ddle) (Last)	4. DATE OF DEATH	(Month), (Day) (Year
(Specify)	D. DIVORCED, 8. DATE C	F BIRTH 9. AGE last birt	ay   If under 1 year   If under 24   Months   Days   Hours   M
10a. USUAL OCCUPATION (Give kind of work dored ring most of working life even if retired) INDUSTRY	Ms	PLACE (State or foreign country)	12. CITIZEN OF WR
Dai / Sum		ER'S MAIDEN NAME	not Karen
15. WAS DECRASED EVER IN U.S. AMAD FORCES? (Yes. no, or unknown) (If yes, give your dates of service)	SECURITY NO. 17. INFOR	MANT AND ADDRESS	esilo monahe
		N	
Immediate cause  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying causa last  (c)	TO SEATH	diseise	INTERVAL BETWE ONSET AND DEA
Immediate cause  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Things we	dissión	ONSET AND DEA
Immediate cause  420. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	Things we	dissión	ONSET AND DEA
Immediate cause  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death  19a. DATE OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death  OF office bidg. CAUSE OF DEATH.	OF OPERATION  arm, factory, street,	dissión	20. AUTOPSY?
Immediate cause  420. Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying causa last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death  19a. DATE OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.  19b. MAJOR FINDINGS OF Office bidg. CAUSE OF DEATH.	or operation  arm, factory, street,	dissisi	20. AUTOPSY? Yes No

RESERVED FOR BINDING

MARGIN



2411 N. Charles Street, Baltimore

/		CERTIFICAT	E OF DEA	TH	Reg. Dist. N	0. 950
1. PLACE OF DEAT			2. USUAL RESIDENCE		ECEASED.	
COUNTY WOI	cester	MARYLAND	STATE Virgi	inia	COUNT	*ccomack
OR give meares	corporate limits, write RUR t town) OMO ke	AL and LENGTH OF STAY (in this place)	CITY (If outside corp OR TOWN New	orate limits, write	RURAL and gi	ve nearest town)
HOSPITAL OR	R Redden Nur		STREET ADDRESS Rura]	(If rural,	give location)	V
3. NAME OF DECEASED (Type or Print)	(First) CLARA	(Middle) VIRGINIA	(Last) KELLEY	4. DATE OF DEATH	(Month) Apr 8,	(Day) (Year) 1951 19
5. SEX Female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Sept 23 1875	9. AGE last bit		1 year   If under 24 hrs
done during most of	PATION (Give kind of work working life, even if retired)		II. BIRTHPLACE (State Virginia		v) 1 1	2. CITIZEN OF WHAT COUNTRY S
13. FATHER'S NAM	ohnson		14. MOTHER'S MAIDE Sarah Wise			
15. WAS DECRASED E	VER IN U.S. ARMED FORCES (If year, give war or dates service) NO N @	of None	17. INFORMANT AND Mrs. Sarah B		cean Cit	tv. Md.
Diseases or giving rise to stating the:  II. OTHER SIGNIF Conditions contrib	conditions, if any, (b)	Diafeles M.	ellitus			anknown
	ERATION 19b. MAJOR	th. FINDINGS OF OPERATION				20. AUTOPSY?
21. ACCIDENT	(Specify)   PLA	CE (Home, farm, factory, street,	(CITY OF	TOWN)	(COUNTY)	Yes No (STATE)
SUICIDE HOMICIDE	OF INJ	office bldg., etc.) URY				
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED   While at   Not While   Work   At work	HOW DID INJURY C	CCUR?		
22. I hereby cer	res W. T	nd that death occurred at, (Degree or title)  NAME OF CEMETE	ADDRESS	he causes and o	on the date st	ated above.  DATE SIGNED  Apr. 10 195/.  (State)
DATE REC'D BY		Nelson Ceme	24. FUNERAL DIRECT	Pocomok	e, Rt 3	, MQ.
DEC .	1951 / MM	S / W	Henry H. Wat		como ke.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

BUREAU V. S.

2411 N. Charles Street, Baltimore

# CEDTIFICATE OF DEATH

/		CERTIFICAT	E OF DEAL	Reg. Dist. N	Vo. 250
1. PLACE OF DEA	TH·			(HOME) OF DECEASED.	rv
COUNTY WOL		MARYLAND	Mary Tal		
OR give neare TOWN	corporate limits, write RUR.	AL and LENGTH OF STAY (in, this place)	OR TOWN POCOMO	rate limits, write RURAL and g	ive nearest town)
HOSPITAL OR INSTITUTION STREET ADDR	OR Sth St		STREET	(If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) FMMA	(Middle)	(Last) LANE	4. DATE (Month) OF Apr 10	
Female	Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	Bec 15 1877	9. AGE last birthday   If under   Months	r 1 year II under 24 hrs s. Days Hours Min.
done during most of	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY HOME	Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA	ME	TAO III O	14. MOTHER'S MAIDEL	NAME	00
Gordon J	ester		Irene Matthe		
	EVER IN U.S. ARMED FORCES  (If year, give war or dates of service) NONE		Lloyd Lane,	Pocomoke, Md.	
Anteced	ate cause ent cause(s) r conditions, if any,	rfatly due	to Ent	d:	6 days
15 c stating the	to the above cause underlying cause last (c)——FICANT CONDITIONS buting to the death but not	Cardia	distas	~	100 M
related to the disc	ease or condition causing deat	h. FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (COUNTY	Yes No (STATE)
	) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CUR?	
SIGNATURE 23. BURIAL, Che REMOVAL (Sp	profile 105 de an antonio de anto	Hall's Hil	RY OR CREMATORY  1 Baptist	causes and on the date s  CALLOCATION (City, town, or country)  COMO Ke, Md.	tated above. DATE SIGNED  (Spate)
DATE REC'D BY		8 012 -	24. FUNERAL DIRECTO		ADDRESS
110 hel /3	1951 (Amm)	(0. Mile.	menry H. Wat	tson. Pocomoke	. Md.

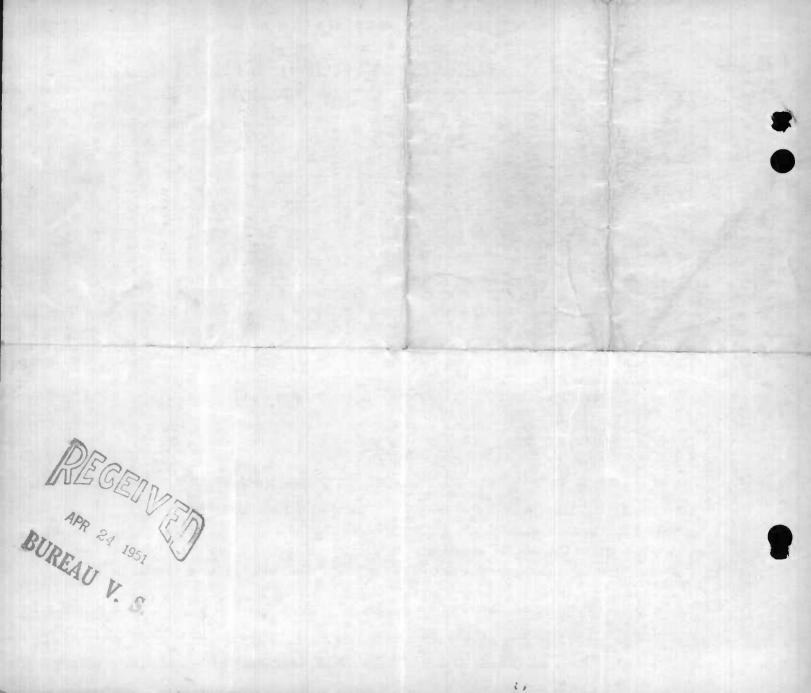


2411 N Charles Street Baltimare

04280

	2411 N. Charles	Street, Daitimore		0
	CERTIFICAT	E OF DEA	TH Reg.	Dist. No. 353
1. PLACE OF DEATH Worker	MARYLAND	2. USUAL RESIDENCE	(HOME) OF DECEASE	COUNT Vorcets
CITY (If outside corporate limits, write RUR OR give hourest town) TOWN	AL and LENGTH OF STAY	TOWN /2	Sno Rull	é
HOSPITAL OR INSTITUTION OR STREET ADDRESS	-	STREET ADDRESS	Alf rural, give lo	cation)
3. NAME OF DECEASED (Type or Print)  (First)  (Ancil	13. La	UAHLAU	OF DEATH CO	onth) (Day) (Year
Female White	7. SINGLE, MARRIED WILDWED, DIVORCED,	Sul 21 0/87	9. AGE last birthday yrs.	If under 7 year   If under 24 h Months.   Days   Hours   Mi
donoflying most of working life, even if retired)	INDUSTRY HOUSE	11. BUTHPLACE (State	te or foreign country)	12. CUIZEN OF WHA
3. FATHER'S NAME THEOR	send	14. MOTHER'S MAID	ENNAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If year, give war or dates service)	of 16. SOCIAL SECURITY NO.	17. INFORMANT AN	aughtry	Bishopende
. DISEASES OR CONDITIONS DIRECTLY	18. MEDICAL CE	PTIFICATION	10	INTERVAL BETWEE
Immediate cause (a)	Cerebr	al Hen	workas	e 3 mos.
3 / X Antecedent cause(s)	blaket		y	10
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Anne	www.	produce acrossments on the produce and a nation and a number of a number of a subsection of the subsec	regis.
[1]. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing dea	th.		,	
19a. DATE OF OPERATION   19b. MAJOR				20. AUTOPSY?
SUICIDE	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY O	R TOWN) (C	OUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended th	Dos	, 1950, to Oy	82.16 1951, that	I last saw the deceased
alive on Afra 15, 195/, and SIGNATURY	nd that death occurred at	3 30 //	he causes and on the	
23 BURIAL CREMATION DATE JEMOVAL (Spriy)	NAME OF CEMETE	RY OR EXEMATORY	LOCATION (Oly, town	n, or county) (State
NATE REC'D BY LOCAL & RIGISTRAR'S		24. FUNERAL DIREC	TOR!	ADDRESS !

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS. A15



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16

04281

253

6

CERTIFICAT	E OF DEATH Reg. Dist.	No.
I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	/
COUNTY Warrester MARYLAND	STATE mornland COUN	TY Warreste
CITY (If outside corporate limits, write RURAL and OR give sogrest tools) TOWN (in this place)	CITY (If outside forporate limits, write RURAL and OR TOWN Shakuell	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET Bishop Md (1)	20.
3. NAME OF DECRASED (Middle)  DECRASED (Type or Vine Morres)  (Type or Vine Morres)	0-314-547 DATE (Month) OF DEATH (Manil	(Day) (Year
Male While 7. SINGLE, MARRIED, WILDOWED, DIWORCED,	Sept 19, 1901 49 50 yrs. Month	er I year II under 24 h
10a. USDAL OCCUPATION (Give kind of work done during most of corking life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. Com Ma.	12. CITHEN OF WHA
Horry Flace	Allel Hentreshler	
15. Was DECRASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (You ho or unknown) I your, girl war or dated of	Mory West Let. B	shop ma P.T.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEE ONSET AND DEAT
Immediate cause (a) Coronary occ	luxor + myocardial infantio	a I hour
Antecedent cause(s)  Diseases or conditions, if any, (b) Overva per	torio	2
9 40) giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.	***************************************	
192. DATE OF OPERATION   196. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) IIOMICIDE INJURY	(CITY OR TOWN) (COUNT	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While NJURY m. Work	HOW DID INJURY OCCUR?	
alive on	19.51, to April 19. , that I last 9. m., from the causes and on the date	
Milliam M. Joung M.	RY OBJEREMATERY   LOCATION CAS, LOWER LOS	Spritty 0
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	Windley Alexander	-10.
03,21,195 me H R Bargey	M Pusher Walson for	Maddress Se

BUREAU V. S

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 355

325906

04282

/	
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY WOKES WE MARYLAND	STATEND WOULE LEE
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR givo neares town) (in this place)	OR TOWN Bula.
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS	ADDRESS 3
	(Last).   4. DATE (Month) (Day) (Year)
DECEASED	OF O
(Type or Print) Whenhus William	naishall.   DEATH Myril 2 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	S. DATE OF BIRTH  9. AGE last birtbday   If under 1 year   If under 24 hrs   Months   Days   Hours   Min.
male while spectrimed	174700, 1861 69 yrs. 1
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Retired Mail Clink 1 051 office	Beilie md Country A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN, NAME
Charles Marshall	Sullie Julghman
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDINESS
(Yes, no, or unknown)   (If yes, give war or dates of service)	Mus. C. W. Marshall Berlin Mid.
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Mys-cardills, ille	generative, E ansunks 1 yr.
Immediate cause	
Antecedent cause(s)	Dieser and Se attended Com
Diseases or conditions, if any, (b)	ware received the same of same
stating the underlying cause last	
(c) arthurles Defor	nans servent a unkylpris 4 you
II. OTHER SIGNIFICANT CONDITIONS	1
Conditions contributing to the death but not related to the disease or condition causing death.  Blaterne	Dines o ordened breuns blonde 25 was
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOESY?
	Yes No No
21. ACCIDENT . (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While _	
INJURY m.   Work   At work	
22. I hereby certify that I attended the deceased from	19.77, to 22 age, 19.5%, that I last saw the deceased
	7/5
alive on 2 Cyr., 19.5%, and that death occurred at	A.m., from the causes and on the date stated above.
SIGNATURE: (Degree or title)	ADDRESS DATE SIGNED
1/0. 1 Palling has 57	Con Lo / Saleu- and y (ren 5)
23. BURIAL CREMATION ( DATE THEREOF ) NAME OF CEMETE	RY/OR CREMATORY   LOCATION (City, town, or county) (State)
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY/OR CREMATORY LOCATION (City, town, or county) (State)
13000 1/1/51 Weigh	Las MANDELLA PROPERTIES
DATE REG'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
HPH (5) Wellen I Namurard	I James H. Surbage Duling had



The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

# **CERTIFICATE OF DEATH**

Reg. Dist. No. 35/

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	Υ
COUCESCE MARYLAND	Maryland Place	ester
OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give OR	ve nearest town)
TOWN / lewark 32 felis	TOWN Mewark	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS	
	(* )	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)	mason DEATH Upul	10 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH   9. AGE last birthday   If under	1 year (If under 24 hrs.
Male waite Specificanced	Veli 11/1/6 1/4/5/29 yrs.	Days Hours Min.
done during most of working life, even if retired) INDUSTRY		2. CITIZEN OF WHAT
(1) 1 Terman	Horntourn. Their inin	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Peter mason	annie Conbin	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	14
(Yes, he, or unknown) (If year, give war or dates of	Mrs. Virginia Matthey	- January 6. Jan
	· · · · · · · · · · · · · · · · · · ·	spewarens
I8. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 1.1/20
Immediate cause (a) Critical	4-0-1 2004	2000
111/2 /		
444 (Antecedent cause(s)	1. 6 1.1.	- 1.
Diseases or conditions, if any, (b) MTERIOSULION	ic /lena/ purlane	truknow
13 o giving rise to the above cause		
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		***************************************
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		1 20 AUTODOMA
ISSUED OF OF DEBLIADING THE STATE OF THE STA	7	20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE   INJURY TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	1 HOW DID INVIENT OFFICE	
OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m.   Work   At work		
3/	12. 4/. 51	
22. I hereby certify that I attended the deceased from 720	, 19.5./., to/// 19, 19, that I last s	aw the deceased
4/- (1	11- 0	
alive on, 195, and that death occurred at		ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Wayl Alexander	1 6600 11/1	4/ /-
TO DUTY OF THE PARTY OF THE PAR	show true ma	113/10/
23. BUINAL CREMATION DATE REMOVAL (Specify) DATE REMOVAL (Specify)	OR CREMATORY DOCATION (City, town, or count	y) (State)
Dural Well 3/5/ Tripite	1 March	ml.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DERECTOR	
REG. 1663 Co.	1 24. PRINCIPLE BUILDING	ADDIESS



2411 N. Charles Street, Baltimore

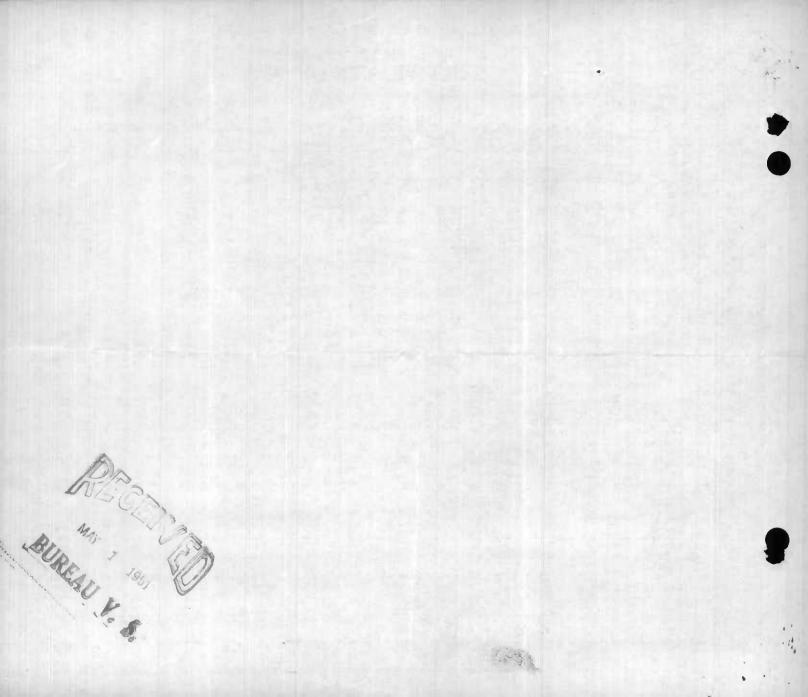
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CERTIFICAT	TE OF DEATH Reg. Dist. N	35>
	Reg. Dist. IV	V
I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	/ -
COUNTY Warcester MARYLAND	STATE Mapyland COUNT	Worash
CITY (If outside corporate limits, write RURAL and OR give nearest 195th)	CITY (If outside cop orate limits, write RURAL and gi	ve nearest town)
TOWN Dealen / Ogra	TOWN 721run	
HOSPITAL OR INSTITUTION OR	ADDRESS 7 (II, rural, give location)	
STREET ADDRESS	nott Williams SI.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) OF	(Day) (Year)
(Type or Print) Alsnul ().	COOL DEATH CAN	24 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday II under Months.	1 year   If under 24 hr   Days   Hours   Min
Mac Mule (Specific Monnico	10009 20 18/21 18 yrs.	Days Hours Min.
105 USUAL OCCUPATION Give kind of work 10b. KIND OF BUSINESS OR alone during most of vigoring file fiven if estimated Andrews Transfer or Andrews	11. BYRTHPLACE (State optoreign country)	2. CUTIZEN OF WHAT
	sellywelle Oil.	ידן טייש
13. EATHER'S NAME	14. MOTHER'S MAIDEN NAME	•
ale Moore	Olina Jane Horn	con
13. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or yolknown) (If year, give war or dates of	127 INFORMANT AND ADDRESS	12 1.
service)	1 PM. 10 pelissa 11 work 1	Sealer Me
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Christic music	a state	Hurs
Immediate cause (a)	A	- And
1142 V Antecedent cause(s)		1-7
Diseases or conditions, if any, (b) Allewerth		8430
93 deliving rise to the above cause stating the underlying cause last	E TO THE STATE OF THE PARTY OF	
(c) tribing selles	a la	
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not		
related to the disease or condition causing death.		J
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
as ACCIDENTS (Co-site)   DIACE (How for texture than	· COMPLOD MONEY	Yes No 2
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
IIOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While	HOW DID INJURY OCCUR!	
INJURY m.   Work   At work		
22. I hereby certify that I attended the deceased from august	, 1947, to Lay of dettin , that I last s	aw the deceased
. , _		
alive on T	2.3 0 P. m., from the causes and on the date st	
SIGNATURE Degree of time	ADDICESS A	DATE SIGNED
Frank N. Lewis M. D.	rellarde ?	marginets.
23 BURIAL, CREMATION DATE NAME OF CEMETE	BY OF CREMATORY LOCATION (City, town, or coup	ty) (State)
June 17/2/01 10/14	T. Spenopoul	e md,
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Thelein's Hayward	Tello I haler Solle	reulle Sul

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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# CERTIFICATE OF DEATH

The correct age

00 a	FOR ME	EDICAL EXAMINER	S Reg. 1	Dist. No. 30/
. The	1. PLACE OF DEATH- COUNTY WOrcester MARYLA	STATE Maren	e (HOME) OF DECEASE Land Wo 1	o. Severer
Supply every item of information carefully write the causes of death clearly and legibly.	OR give pearest town 111, rural LENGTH (In this Town 510 W 1111, rural	OF STAY CITY (If outside co		and give nearest town)
and le	HOSPITAL OR INSTITUTION OR STREET ADDRESS Powellville Rd.		& Cedar Sts.	
matic	3. NAME OF (First) (Middle) DECEASED (Type or Print) EDITA N.	NASH (Last)	4. DATE (Morore Apr.	
infor ath cl	Female White WIDOWED. DIV	orderd Sept 2 192	4 26 yrs.	If under 1 year If under 24 h Months Days Hours Mi
of de	Housewille & Walltress   Industry and	it Maryland		12. CITIZEN OF WHA
auses	William E. Myers	DEATH WO I Cester    Maryland   M	ilchard	
oly ev	(If yes, give 15 m dates of 218-20-7)	385 Mr. William		Pocomoke, Md.
Supp	I. DISEASES OR CONDITIONS DIRECTLY EEADING TO DEA		11 Junes	INTERVAL BETWEE
INK. please	Immediate cause (a)	med tall &	Henverto.	yes Wante
PLEASE WRITE PLAINLY, WITH UNFADING I is especially important. Physicians:	Antecedent cause(s)	assident	***************************************	**************************************
NFA I Physi	(c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not			
TH U tant.	related to the disease or condition causing death.	RATION		20. AUTOPSY?
WIT	PRIMARY OR CONTRIBUTING [ ] OF soffice bldg, etc.)	7 911 . 110	OR TOWN) (C)	OUNTY) (STATE)
Pecially	TIME (Month) (Day) (Year) (Hour) IN JICY OCCURR OF While at Not	ED HOW DID INJURY	- mino reg	where tong
PLA is esp	22. I certify that I took charge of the remains described above obtained by said Autopsy, Inspection or Inquiry, find that	, held an Autopsy, Inspection said deceased died on the day :	n L. Inquiry Lathered above, and death	on and from the evidence in my opinion resulted
RITE	from: natural causes , accident , suicide , hom	nicide , undetermined	Cyh	DATE SIGNED
SE I	- DINACONAL CO.		LOCATION (City, town,	
LEA	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRE		ADDRESS
CL,	REG. 4/17/-1 760 1 -00	Henry H W	steam Pagers	leo Ma



2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Worcester MARYLAND	STATE Maryland, County
OR givo nearest town)	[ CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN (301 Lite	TOWN Berlin
HOSPITAL OR INSTITUTION OR PA	STREET (If rural, give location)
STREET ADDRESS Flower Street	ADDRESS Flower St.
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
(Type or Print) 4) Cliam	Atts OF DEATH 4 - 1 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH   9. AGE last birthday   If under 1 year (If under 24 hrs
Male aa WIDOWED, DIVORCED, (Specify) studie	about 1883 about 68 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY Suicherung	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
Ditteher at Olen Ridalo For	Barlin Workester Co. Md. COUNTEYTU, SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown
15. Was DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT AND ADDRESS
no service) no no	Mrs. Manie Bowen Berlin Md
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Chronic Degene	
Immediate cause (a)	well ingocasales consiste Soft.
4/22 / Antecedent cause(s)	X / / /
Diseases or conditions, if any, (b)	1 Welletter 1035
93d stating the underlying cause last	
(c) allegale, leel	Honsey alvered Joys
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	+1=11
related to the disease or condition causing death.	wryles & bronuland + Curtet I you
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?
INJURY m, Work At work	
22. I hereby certify that I attended the deceased from	, 1950, to April 1951, that I last saw the deceased
22. I hereby termy that I attended the deceased from 12.2.	4 45 4
alive on 1954, and that death occurred at	
SIGNATURE: (Degree or title)	ADDRESS DATE SIGNED
Germande Califeir his	Steller Med. 3 Day C.
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or county) (State)
BEMOVAL (Specify) 4-5-51 Evergreen	Cornetery Berlin Worcaste Co md
DATE REC'D BY LOCAL REGISTRAR'S SIENATURE	24. FUNERAL DIRECTOR ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

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2411 N. Charles Street, Baltimore

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CERTIFICAT	'E OF DEATH Reg. Dist. N	35/
1. PLACE OF DEATH- COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT COUNT CITY (If outside corporate limits, write RURAL and g	ester
OR give nearest town) final tree (in this place) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS	OR TOWN STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) (Middle) (Type or Print) OMMA  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	ALLE (Month) OF DEATH (Month)	(Day) (Year)
Pensale Wilder (Specific Divorced)  102. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  104. USUAL OCCUPATION (Give kind of work line)  105. Kind of Business or Individual Homes	11. BIRTHPLACE (State or foreign country)	Days Hours Min  COUNTRY?
13. FATHER'S NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Yex, no, or unknown) [(If year, give war or dates of	Marthu Johnson  A. INFORMANT AND ADDRESS	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Mrs. Gerssell Filchard, Fine Brification Immory Edema	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Pardia Failene	2 wks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	1,5000000000000000000000000000000000000	2493
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(COUNTY OR TOWN)	20. AUTOPSY? Yes No R (STATE)
SUICIDE HOMICIDE OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	, (31112)
alive on 1954, and that death occurred at (Degree or title)	25, 151, to Open 10, 1954, that I last s	tated above. DATE SIGNED
23. BORIAL, CREMATION DATE REMOVAL (Specify)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 44 2 1 - 1	RY OR CREMATORY LOCATION (City, town, or cour	(State) (State) (ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15

BUREAU V. S.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

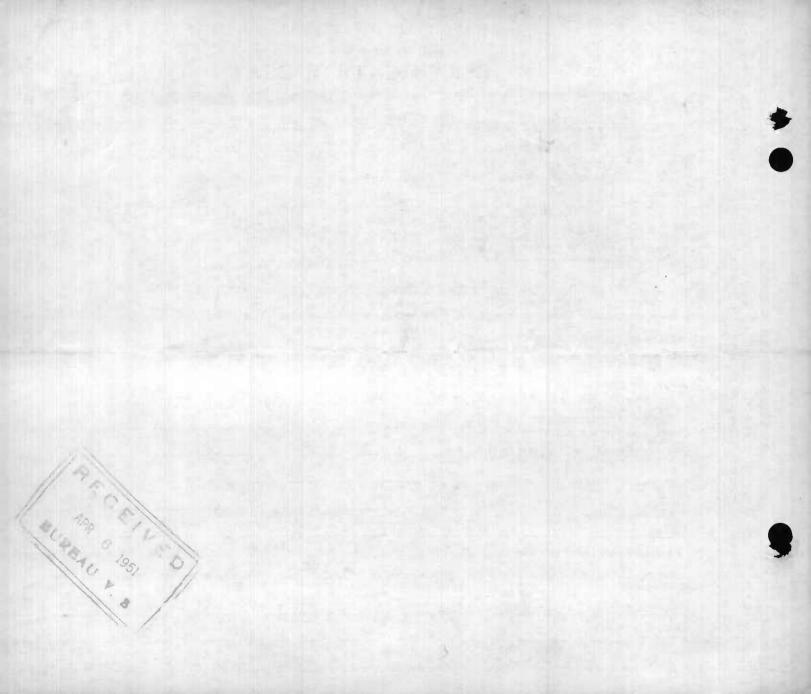
Reg. Dist. No.

/		
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Worces MARYLAND	STATE Kingeni GOUNTY	
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write BUTAL and giv	re nearest town)
OR give near strown) TOWN  (in this place)	TOWN Some ford	2
HOSPITAL OR	STREET (If rufal, give location)	
INSTITUTION OR STREET ADDRESS Redding Market	ADDRESS	1
3. NAME OF (First) (Middle)	(Last) 14. DATE (Month)	
DECEASED IAC' I I	OF	(Day) (Year)
(Type or Print)  5. SEX  6. COLOR OR RACE   7. SINGLE MARRIED.	DEATH (PM	2 194
WIDOWED, DIVORCED.	8. DATE OF BIRTH 9. AGE last birthday If under Months.	l year   Il under 24 hrs Days   Hours   Min.
may (Spetify) was unce	Due 2 - 1060 00 you	
done during most of working life, even if retired) INDUSTRY A		CITIZEN OF WHAT
Waterman lebon	Dayou va.	SUNTRET! A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	, , , ,
Wellram Dilyonthon Slant	mil. Stant	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	0
(Yes, no, or unknown) (If year, give war or dates of service)	marnin housen X	0. X in 1/2
	The state of the s	,,,,,
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0 61.11.	ONSET AND DEATH
Immediate cause (a) Caucer of Fr	e Badder	Unkeya.
Animediate cause		
Antecedent cause(s)	1	
Diseases or conditions, if any, (b) Aleast Dusea	se, reglueratine.	PY
giving rise to the above cause		** ** ** ***
stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not		Per 10 10 10 10 10000 0000 000 000 0000 0
related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY7
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY  Mile at Not While Work  At work		
And the same of th	2= =1 011/5	
22. I hereby certify that I attended the deceased from Man.	J. 196/ to upuel 195/ that I last se	w the deceased
alive on Africk, 19, and that death occurred at	2.73 m., from the causes and on the date sta	ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
(Marlost, Indo. M.D.	mesonolie Ceta Mid	12-3-51
23. BURIAL CREMATION   DATE   NAME OF CEMETER	RY OR CREMATORY   LOCATION (City Jown, or county	1 2 2
23. BURIAL, CREMATION DATE NAME OF CEMETER OF MOVALA (Specify)	RY OR CREMATORY LOCATION (City town, or jount)	y) (State)
The second of th	w samped senford	ora.
@REG. 0 1 10 51	24 UNITED DIRECTOR	ADDRESS
akrel 4, 1931 anne Co. Thele	1/10 to kusten to. a	skale, Us

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

The correct age



2411 N. Charles Street, Baltimore

	CERTIFICAT	E OF DEAT	H	Reg. Dist. N	355	•••••
1. PLACE OF DEATH.		I 2. USUAL RESIDENCE (F	IOME) OF DI	ECEASED.	n	_
COUNTY	MARYLAND	Statemen	1	WEOUNT	Edies	
CITY (If outside corporate limits, write RURA OR give nearest town)	L and LENGTH OF STAY (in this place)	CITY (If outside corpora	limits, write	RURAL and gi	ve nearest town)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS Jr.		give location)		
3. NAME OF . (First)	(Middle)	(Last)	4 DATE	(Month)	(Day) (Yea	(E)
(Type or Print)	Caswell	Stout	OF DEATH	April	19 19	51
6. SEX 6. COPOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specific)	Sue 5, 1868		irthday If under Months	1 year   If under 24   Days   Hours   M	
10a. USUAL OCCUPATION (Give kind of work dope during most of working life, even if retired)	10b. KIND OF BUSINESS OR	11. BIR HPLACE (State o			COUNTRY?	AT
13 RATHER'S NAME Stout		MOTHER'S MAIDEN	NAME	4		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give won or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	Berli	ond.	
	18. MEDICAL CE	RTIFICATION				
I. DISEASES OR CONDITIONS DIRECTLY I	EADING TO DEATH	u on dil	-		INTERVAL BETWE ONSET AND DEA	
Immediate cause (a)	Cou ju	yo carace	15			
572 Antecedent cause(s) Diseases or conditions, if any, (b)	Ehr. ny	Phrilis		)	10 dogs	5
giving rise to the above cause stating the underlying cause last					/	
II. OTHER SIGNIFICANT CONDITIONS				-	1	_
Conditions contributing to the death but not related to the disease or condition causing death						
19a. DATE OF OPERATION   19b. MAJOR FI					20. AUTOPSY?	_
					Yes \ No.	K
21. ACCIDENT (Specify) PLAC SUICIDE OF HOMICIDE INJUI	E (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN)	(COUNTY		
	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?			
22. I hereby certify that I attended the alive on 1997, and SIGNATURE:	deceased from Jan. 1.1.  that death occurred at. 1.  (Degree or title)	230P.m., from the ADDRESS	causes and	on the date st	tated above.  DATE SIGNED  Co.	D
23. BURIAL, CREMATION DATE THEREO BEMOVAL (Spediy) 4/23/5	1   Everge	len	B	ity, town, or cour	mo	2
DATE REC'D BY LOCAL REGISTRAR'S S	IONATURE	24. FUNERAL DIRECTO	R	R	ADDRESS	(

The correct age PLEASE WAITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

BUREAU V. S.

I'm word when

# CERTIFICATE OF DEATH

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1		FOR MEDICAL	EXAMINERS	Reg. Dist.	No. 351
-	CITY (Il passide corporate limits, write RURATER	MARYLAND	2. USUAL RESIDENCE (I	HOME) OF DECEASED. COUN ate limits, write RURAL and	000.
	OR TOWN TOWN TO THE TOWN TOWN TO THE TOWN TOWN TO THE TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	(in this plate)	TOWN ALL	(If rural, give locetion)	Cural.
	3. NAME OF DECEASED (BOSO)	(Migdle)	ADDRESS //(Last)	4. DATE (Month)	(Dey) (Year)
	(Type or Print)  5. SEM 6. COLOR OF RACE 7. S	SINGLE PHARRIED, IDOWED DIVORCED, (SDARLE CO.	8. DATE OF BIRTH	Month	er I year   If under 24 hr as   Days   Hours   Min
-	10e. USUAL OCCUPATION (Give kind of work   10h	DUSTRY Aut	Thally V	illo ma	12. CITIZEN OF WHA
	15. WAS DECRASED RUMP IN ILS ADMED ROOMS I	6. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN	6. tore	man
	(Yea, no, or unknown) All yes, give wer or dates of dervice)	18. MEDICAL CE	17 NORMANT AND A	Lindley, K	ewart m
	I. DISEASES OR CONDITIONS DIRECTLY LEA				INTERVAL BETWEE ONSET AND DEAT
9	269 Immediate cause (a)  Antecedent cause(s)	Policero Jo	meumone	a-	anchowa
10	Diseeers or conditions, if any, (b).  75c giving rise to the above ceuse stating the underlying cause lest	ach of the	leulion,		/1
	II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the deeth but not releted to the disease or condition causing deeth.				
	19a. DATE OF OPERATION   19b. MAJOR FIND				Yes No
	CAUSE OF DEATH. OF ONE	Home, ferm, factory, street, ice bldg., etc.)	(CITY OR T		Y) (STATE)
-		URY OCCURRED lle at Not while rk at work	HOW DID INJURY OC	CUR?	
	22. I certify that I took charge of the remains a obtained by said Autopsy, Inspection or Ingfrom: natural causes ∠, accident □, standard R. SIGNATURE	described above, held an A quiry, find that said deceduicide , homicide , (Pegree or title)	undetermined .	Inquiry X thereon and dabove, and death in m	,
(	Fred Alvaesch M.	S. SME	Lewer Ale	ie md	DATE SIGNED
	23. RUBIAL, CREMATION DATE THEREOF REMOVAL (Specify)	1 STELLENT	000	OCATION (City town, or con	ma
14	REG. WALL REGISTRARS SIGN	ADURE	24 FUNERAL DIRECTO	R . //	//ADDRESS

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PLEX

WALITE PLAINLY, WITH UNFADING INK. Supply every item of information careful is especially important. Physicians: please write the causes of death clearly and legible

NIARGIN RESERVED FOR BINDING



2411 N. Charles Street, Baltimore

### 2411 14. Charles buces, Dalumor

# CERTIFICATE OF DEATH

Reg. Dist. No. 354

0			<u> </u>
The	1. PLACE OF DEATH. COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	menter
fully.	CITY (If oussily corporate limits, write RURAL and LENGTH OF STAY OR give horror town Town Tunal# Limits place)	CITY (If bytside corporate limits, write RURAL and of TOWN	ve nearest town)
Supply every item of information carefully write the causes of death clearly and legibly.	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location)	
nation	3. NAME OF (Eist) (Middle) (Type or Print)	That (Month)  OF DEATH CANAL	(Dny) (Year)
inform	Olemale White WIDOWED, DIVORCED, (Specify) WIDOWED,	S. DATE OF BIRTH 9. AGE last birthday If under Month	r 1 year   If under 24 hrs. Days   Hours   Min.
m of i	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Lidden Company of the company of	meassille Guerrice	2. CITIZEN OF WHAT COUNTRY?
y iten	(Illander W. Marshall	May a ager	
y ever	15. WAS DECIASED EVER IN U.S. ARMED FOROES? 16. SOCIAL SECURITY No. (Yes, no, or different (If yes, give war or dates of service)	MANDISSIA TOURON Hallur	of Wa.
ppl	18. MEDICAL CEN	TIFICATION	INTERVAL BETWEEN
Sur	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	7 1 1	ONSET AND DEATH
INK.	Immediate cause  (a) Coronary 10  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause  (b) Whalt day	brombons	Iday
Ha	Antecedent cause(s)	all to	1. Kuma
WITH UNFADING	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
AI	II. OTHER SIGNIFICANT CONDITIONS		1
UNF Ph	Conditions contributing to the death but not related to the disease or condition causing death.		
H	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
TI	21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	Yes No (STATE)
N. III	SUICIDE OF office bldg., etc.) HOMICIDE INJURY		, , , , , , , , , , , , , , , , , , , ,
INL	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
PLA	22. I hereby certify that I attended the deceased from	., 19.46, to Capral 4., 19.5./, that I last	saw the deceased
WRITE PLAINLY, WITH U	alive on 1911 2 1951, and that death occurred at 1.	ADDRESS from the causes and on the date st	ated above. DATE SIGNED
		on fell Md	4/5/51
PLEASE	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)	11 Stacolor	ma
PLE	DATE REC'D BY LOCAL PREGISTRA'S SIGNATURE REG. 5-195" Way W. Tay-low	Way O winnis Snow	ADDRESS IN

MARGIN RESERVED FOR BINDING

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# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No ...

/			
1. PLACE OF DEATH-		2. USUAL RESIDENCE (HOME) OF DECEASE	
Words ten	MARYLAND .	STATELOCOMORE	COUNTY
CITY (If outside corporate limits, write RURA		CITY (If outside corporate limits, write RURA	L and give nearest town)
OR give nearest town)	this place)	TOWN Mary land	
HOSPITAL OR	1 2000	STREET (If rural, give le	ocation)
INSTITUTION OR STREET ADDRESS		ADDRESS Russal	
3. NAME OF (First)	(Middle)		onth) (Day) (Year)
DECEASED	R	1 OF A	1
(Type or Print)  5. SEX  6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE last birthday	If under 1 year   If under 24 hrs
male colored	WIDOWED, DIVORCED,	1 March 81859 92 yrs.	Months. Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working lile, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	USH
Litleton Waters		Lessie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of		17. INFORMANY	
service)	mone	Bertha Gurnell d	aughter
	10 14701011 02		0
I. DISEASES OR CONDITIONS DIRECTLY I	18. MEDICAL CE LEADING TO DEATH	RHFICATION	INTERVAL BETWEEN ONSET AND DEATH
	41.4		3
Immediate cause (a)	Mrema		IWK
Antecedent cause(s)  142X Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	broterioselesos	he hypertensur car	deo-
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	. wone	p*	
19a. DATE OF OPERATION   19b. MAJOR FI	INDINGS OF OPERATION		20. AUTOPSY?
wie	more		Yes 🗆 No 🖸
21. ACCIDENT (Specify) PLAC SUICIDE (OF HOMICIDE INJUI	E (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (C	COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m.	While at Not While Work At work		
	5	. 0 . 4 .	
22. I hereby certify that I attended the	deceased from fill.	, 1951, to Upril 2, 1951, that	I last saw the deceased
0.0		.0	
alive on, 195, and SIGNATURE	(Degree or title)	MADDRESS and on the	date stated above.  DATE SIGNED
		11 . +11	L) I SIGNED
Many Onen	- Me	mon tree Ma	1/2/51
23. BUNIAL, CREMATION PATE	MAME OF CEMETE	RY OR CREMATORY LOGATION (City, town	or county) (State)
REMOVAL (Specily) Upl. 8, 19	31 Unionvil	a Cemeley Hosomope-/	Jural- Muelaus
DEC	SIGNATURE	24 FUNERAL MIRECTOR	ADDRES
REG 9 145-11 Mary	M. laylar	Bradehow General Parlors	. Circlield Md



BURLLU V. S.